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## APPLICANTS

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\* CONTINUING DATA \*\*\*\*\* *PS*

\* FOREIGN APPLICATIONS \*\*\*\*\* *PS*  
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F REQUIRED, FOREIGN FILING LICENSE GRANTED  
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| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>6 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                              |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>PS</i>   |                              |                         |                       |                            |

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## TITLE

A HERMETICALLY SEALED ENDOSCOPE IMAGE PICK-UP DEVICE

|                  |   |  |
|------------------|---|--|
| FILING FEE       | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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